

Case Number:	CM14-0035434		
Date Assigned:	06/23/2014	Date of Injury:	03/12/2012
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male who reported an injury on 03/12/2012. The injured worker complained of pain to his back. On physical exam dated on dated 02/05/2014 there was tenderness at the medial and lateral joint line as well as mild patellar crepitus. The medications record were not included in documentation. The injured worker diagnoses are post-op right knee surgery, chronic low back pain, and discogenic disease of the lumbar spine radiculopathy. The treatment plan was for lidocaine 6%, gabapentin 10% Ketoprofen 10% 120 dispense 30 day supply. The injured workers past treatments/diagnostics included MRI cervical spine dated 01/14/2014, there was mild to moderate spinal canal stenosis, severe left facet arthropathy with facet joint. Lumbar spine dated 01/14/2014 there was mild retolisthesis of the L2-5, mild disc disease. EMG/NDS bilateral upper and lower extremities dated 01/14/2014 no evidence of entrapment or traumatic neuropathy. Ultrasound of bilateral knee and bilateral shoulder, right rotator cuff tear full thickness, and left shoulder mild subacromial calcification/intact rotator cuff, and bilateral narrowing of the right patelofemoral narrowing. The authorization form was not provided with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Medication: Lidocaine 6%/Gabapentn 10%/Ketoprofen 10%, 120 dispensed (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for retrospective medication Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% is non-certified. California Medical Treatment Utilization Schedule chronic pain guidelines for topical analgesics states, Gabapentin is not recommended for chronic pain. Lidocaine indications for neuropathic pain it is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressant or an AED such as gabapentin or lyrica). Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine are indicated for neuropathic pain. Ketoprofen this agent is not currently FDA approved for topical application it has extremely high incidence of photo contact dermatitis. Guidelines indicates when 1 ingredient is not recommended then the compound itself is not recommended as such the request is not medically necessary.